

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039377

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 83

Primary Registration District No. 5321

Registrar's No. 12

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLARKSBURG SOUTH MONITEAU		c. CITY OR TOWN CLARKSBURG Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ROUTE #1 - 5 MILES INSTITUTE NORTH WEST		d. STREET ADDRESS (If outside, give location) ROUTE #1 - 5 MI. NORTH WEST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle RENSHAW Last RENSHAW		4. DATE OF DEATH NOVEMBER 2, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) COOPER CO., MO.
13a. FATHER'S NAME DODGE RENSCHAW		13b. MOTHER'S MAIDEN NAME MARTHA TALLIFERRO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. CHARLES SMITH Address BIG STONE GAP, VIRGINIA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned in pond	
20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year 11 263	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	20f. TOWN, OR LOCATION Clarksburg COUNTY Cooper STATE Mo
21. I attended the deceased from 7:40 AM and last saw him alive on 11/5/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mr. Decker		22b. ADDRESS Carman P. Brownell Mo	
22c. DATE SIGNED 11/4/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-5-1963	23c. NAME OF CEMETERY OR CREMATORY ODD FELLOW CEMETERY MONITEAU CO. MO.	
24. FUNERAL DIRECTOR Hugh E. Williams		25. DATE RECD. BY LOCAL REG. 11/5/63	26. REGISTRAR'S SIGNATURE Virginia T. Higgins

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

10270

20270

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Williams Funeral Home